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| CURRINT CORRESPONDENCE ADDRESS (Note: De Block 1 for may change of address) 45733 7990 01/90/2008 LEYDIG, VOIT & MAYER, LTD. TWO PRUDENTIAL PLAZA, SUITE 4900 180 NORTH STETSON AVENUE CHICAGO, IL 60601-6731 APPLICATION NO. FILING DATE FREST NAMED INVENTOR ATTORNEY DOCKET NO. CONFRMATION NO. 10/31/145 05/19/2005 APPLICATION NO. FILING DATE FREST NAMED INVENTOR ATTORNEY DOCKET NO. CONFRMATION NO. 10/31/145 05/19/2005 TITLE OF INVENTION: METHODS OF PREPARING LYMPHOCYTES THAT EXPRESS INTERLEUKIN-2 AND THEIR USE IN THE TREATMENT OF CANCER APPLY, TYPE SMALL ENTITY ISSUE FEE DUE FURLICATION FEE DUE PREV, PAID ISSUE FEE TOTAL FEE(5) DUE DATE DUE NOMPONIONED IN 1632 435-010000 EXAMINER ART UNIT CLASS-SUBCLASS L'AGING OF correspondence address or indication of "Tee Address" (7) Classes of Correspondence address for Indication of "Tee Address" (7) Classes of Correspondence address for INTOSE) 1/23 ASSIGNEE NOW 6/3-02 or offer event of the Correspondence address for Into 1632 435-010000 1. Classes of correspondence address (or Change of Correspondence address for Into 1632 435-010000 1. Classes of Correspondence address (or Change of Correspondence address for Indication of "Tee Address" (7) Classes of Correspondence address for Indication of "Tee Address" (7) Classes of Correspondence address for Indication of "Tee Address" (7) Classes of Correspondence address for Change of Correspondence addre | appropriate. All further indicated unless correct maintenance fee notifica | ed below or directed oth | ng the Patent, advance of herwise in Block 1, by (a | a) specifying a new corre | spondence address; and | or (b) indicating a sep | r correspondence address a sarate "FEE ADDRESS" fo | |
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| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or type) PILEASE NOTE: Unless an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, the document has been filed recordation as set from in 37 CFA 1.1. Completion of this form is NOT a substitute for filing assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (C) RESIDENCE: (CITY and STATE OR COUNTRY) (B) RESIDENCE: (CITY and STATE OR COUNTRY) (C) RESIDENCE: (CITY and STATE OR COUNTRY) (A) Cover ment of the United States of America, represented (B) ROCKVIIIe, Maryland by the Secretary, Department of Health and Human Services Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity I covern 4. The following foc(s) are submitted: (B) Applicant of Fee(s): Resident or Fee (No small entity discount permitted) (B) Advance: Order: 4 of Copies (CITY and STATE OR COUNTRY) (B) Advance: Order: 4 of Copies (CITY and STATE OR COUNTRY) (B) Resident or Country (CITY and STATE OR COUNTRY) (B) Resident or Country (CITY and STATE OR COUNTRY) (B) Resident or Country (CITY and STATE OR COUNTRY) (B) Rockville, Maryland (B) Rockville, Maryla | CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of a pine form (having as a member a | | | | |
| PILEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set from in 37 CFR 3.11. Completion of this form is NOTA a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) Government of the United States of America, represented by the Secretary, Department of Health and Human Services Please check the appropriate assignment category or categories (will not be printed on the patent): Individual Corporation or other private group eatily \$\mathbb{C}\$ Govern At The following fee(s) are submitted: 4. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is encised. 5. Change in Entity Status (from status indicated above) A check is encised. A check is encised. A check is enc | PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required. | | | 2 registered patent attorneys or agents. If no name is 3 | | | | |
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| Applicant claims SMALL ENTITY status. See 37 CFR 1.27 Db. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27 (gb(2). NOTE: The Issue Fee and Publication Fee (if required) with not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other parimeters as shown by the reduction of the United Syste Flows and Trademark Office. Date 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20 | 4a. The following fee(s) are submitted: \$\tilde{\Omega}\$ I save Fee \$\tilde{\Omega}\$ A check is exclosed. \$\tilde{\Omega}\$ I save for Fer(s): (Please first reapply any previously paid issue fee shown above) \$\tilde{\Omega}\$ A check is exclosed. \$\tilde{\Omega}\$ Pyrment by credit earl Form PTO-2038 is attached. | | | | | | | |
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| This collection of information is required by 37 CFR (.3). The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to prome an application. Confidentially its pervented by 35 U.S.C. 122 and 37 CFR 1.4]. His collection is estimated to take 12 minutes to complete displaying application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to committee to employ the complete of the prometting the storage of the complete of the prometting the storage of the complete of the prometting of | Authorized Signature | fren | 11, 10 | | Date 28 - | Apr. 20 | 908 | |
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